



CITY OF GLOUCESTER

GLOUCESTER • MASSACHUSETTS 01930

HEALTH DEPARTMENT

3 POND ROAD, CITY HALL ANNEX

PHONE: 978-281-9771 • FAX: 978-281-9729

EMAIL: healthdept@ci.gloucester.ma.us

APPLICATION FOR CERTIFICATE OF RENTAL DWELLING

\$90.00 Per Apartment or Rental Unit

Address to be inspected: _____

Map: _____ Lot: _____

Apartment No.: _____ Floor: _____ Vacant: Yes _____ No _____

Owner or Agent: _____

Mailing Address: _____

Telephone: _____ Work: _____ Home: _____

PAYMENT: CASH: _____ CHECK #: _____

Upon receipt of application and fee an inspector from this office will call you to make an appointment to inspect the dwelling.

NOTE: The request for inspection and the fee must be received by this office at least ten (ten) days prior to the proposed date of occupancy.

I certify that my water, sewer, and tax bills have been paid to the City of Gloucester.

Signed and certified under the pains and penalties of perjury

Signature: _____ Date: _____

Date of Inspection: _____ By: _____ With Whom: _____

Date of Reinspection: _____ By: _____ With Whom: _____

DATE OF INSPECTION: _____ TIME: _____